

## CITY OF ATLANTA APPLICATION FORM: 2011 FUNDING FOR CONTINUING PROJECTS

Under the Community Development Block Grant (CDBG) and Emergency Shelter Grant (ESG) Programs

*Use this form only if your project is in the area of public services or planning and is currently receiving City of Atlanta CDBG or ESG funding.*

*Do Not Use this form if you requesting new funding for a new project.  
Do Not Use this form for any activity other than a continuing public services or planning.  
Instead, complete the New Project application.*

**APPLICATIONS ARE DUE NO LATER THAN 4:00 PM ON MONDAY, MAY 17, 2010.**

**All applications must be submitted to the Grants Management Office,  
Suite 15100, 68 Mitchell Street, SW, Atlanta, GA 30303.**

The application form is online at: <http://www.atlantaga.gov/government/finance/grantsmanagement>  
and at <http://www.tri-j.net/> ; click on Funding Opportunities, 2011 City of Atlanta Consolidated Plan Program

*NOTE: This application is designed to be completed using computer and Microsoft Word or similar word-processing software. If applicant needs version that can be completed using typewriter, please contact the Office of Grants Management. Opening the Microsoft Word file. If Application does not open correctly, go to File menu, Page Setup, and set margins to Top .9, Bottom .9, Left 1, Right 1.2.*

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### Who Should Use This Form?

This form should only be used **only by continuing projects in the areas of public services and planning**, to request continuation funding for the same projects and program activities funded in the current year. This is the only application form you will need to complete for your continuation project for the upcoming year, but you may be requested to provide some additional information during the City's review process.

**Note: ALL housing, public facilities, and economic development projects, both new activities and currently funded activities, should use the New Project form, NOT the Continuing Project form.**

### Application Instructions

- Do not bind or insert divider pages.
- Number all pages clearly and in order, except for Attachments.
- Please refer to the application's Section II Checklist for a listing of the required application sections, number of copies, and attachments that make up your final application.

### Incomplete Applications

Incomplete applications may not be reviewed or may be penalized. The City of Atlanta is not obligated to pursue missing information or to consider supplemental materials that are provided after the application deadline. Therefore, applicants should ensure that their applications are on time and complete at time of submittal.

*More information: City of Atlanta, Grants Management, 68 Mitchell Street, SW, Ste 15100, Atlanta, Georgia 30303-0323, PH 404-330-6112*

<b>One original and 4 copies of full application are to be transmitted no later than 4:00 P.M. on Monday, May 17, 2010 to:</b> City of Atlanta, Grants Management 68 Mitchell Street, SW, Suite 15100, Atlanta, Georgia 30303-0323 Telephone # 404-330-6112	For GM Use Only:	
	Proposal #	_____
	Date received	_____

**City of Atlanta Application Form for 2011 Funding for CONTINUING PROJECTS  
under the Community Development Block Grant (CDBG) and Emergency Shelter Grant (ESG) Programs**

**► Section I: PROJECT IDENTIFICATION AND CONTACTS ◀**

**Project Name:** \_\_\_\_\_

**Amount Requested from City in \$:** \_\_\_\_\_ **Other Funding for Project in \$** \_\_\_\_\_

**A. Applicant Identification**

Organization's Legal Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Executive Director's Name (if different from above): \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**B. Summary Description of Project:** (max. 8 lines w/ 11pt. type) Describe proposed project, not all of agency's activities.

**C. Project Site(s) Location:** Enter location(s) of project activity, not service area. If located in City of Atlanta, include Council District, NPU, Neighborhood. If not known, call Bureau of Planning 404-330-6145.

Street Address/Zip	Council District	NPU	Neighborhood

**D. Service Area (select one):**

- ☐ 1. Citywide  
☐ 2. All low/moderate income neighborhoods (see CDIA map in instructions)  
☐ 3. Partial service area in City of Atlanta. Note percentage of service in City: \_\_\_\_\_  
☐ 4. Other, specify: \_\_\_\_\_

**Applicant Certification of Accuracy:** Application is complete and accurate to the best of my knowledge.

<i>Name/Title of Responsible Agency Representative</i>	<i>Signature</i>	<i>Date</i>

**► Section II: CHECKLIST FOR CONTINUING PROJECTS ◀**

**A. Checklist:** Indicate whether the following are submitted with this application.

Document or Attachment	# of Copies	Yes	No	NA	If a needed item is not included in package, when will it be submitted?
APPLICATION:					
I. Project Identification and Contacts	5				
II. Checklist	5				
III. Project Description	5				
IV. Budget Section	5				
ATTACHMENTS:					
Most recent audit/financial statement (no older than 2007); may be bound	2				
Current Financial management procedures	2				
Any changes in Bylaws during past 12-month period	2				
Listing of Board of Directors (name, address, phone number, office held, term of office, compensation, profession, qualification, race, gender, and ethnicity).	2				
Documentation of match	2				
Letters of support ( <i>optional; not required</i> )	2				
<i>Residential homeless projects only:</i>					
Current Resident Participation policy	2				

*NOTE: "NA" means Not Applicable to this proposal, or not required.*

**B. Explanation of Missing Documents**

If any documentation is applicable but is not provided, explain why it is not included in this package.  
(Expand space below as needed to answer.)



**► Section III: PROEJCT DESCRIPTION FOR CONTINUING PROJECTS ◀**

**A. For All Direct Service projects; or services provided by this project only**

1. Service levels, % low-income served, and demographic group(s) served  
(If service is not restricted or targeted to a particular demographic group, indicate "all.")

Annual Unduplicated # Persons Served	Average # Served Daily	% Low Income	Demographic Population(s) served (for example, men, women w/children, etc.)
		%	

2. Special-Needs group(s)

Specify the special-need group or groups to be served by the project, if any. If service is not restricted or targeted to a particular special-needs group, put NA.

% Persons w/ Special Needs *	% Chronic Homeless Individuals**	% Homeless Individuals	% Persons in Homeless Families	% Elderly	% Other special-needs / specify need:
%	%	%	%	%	/

*NOTE: percentages above may total more than 100% because categories may overlap.*

*\*Special Needs due to age (frail elderly), mental illness, substance abuse, or other physical/developmental impairments and/or disabilities.*

*\*\* Chronic homeless defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.*

**B. For services provided by all agency programs**

1. Service levels, % low-income served, and demographic group(s) served  
(If service is not restricted or targeted to a particular demographic group, indicate "all.")

Annual Unduplicated # Persons Served	Average # Served Daily	% Low Income	Demographic Population(s) served (for example, men, women w/children, etc.)
		%	

2. Special-Needs group(s)

Specify the special-need group or groups served by the entire agency/all programs, if any. If service is not restricted or targeted to a particular special-needs group, put NA.

% Persons w/ Special Needs *	% Chronic Homeless Individuals**	% Homeless Individuals	% Persons in Homeless Families	% Elderly	% Other special-needs / specify need:
%	%	%	%	%	/

*NOTE: percentages above may total more than 100% because categories may overlap.*

*\*Special Needs due to age (frail elderly), mental illness, substance abuse, or other physical/developmental impairments and/or disabilities.*

*\*\* Chronic homeless defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years.*

**C. For Homeless and Special-Needs Housing Residential Projects Only**

Bed Capacity* in Facility	# Housing Units** in Facility	# Beds Emergency Shelter	# Transitional Housing Beds	# Permanent Supportive Housing Beds	Permitted Stay (Mo's)

*\* Bed capacity is count of # of persons that could be housed if all bed spaces were full. Count a single bed as 1; count a crib as 1. Count a double/queen/king as 2 if this bed is intended for double occupancy, or as 1 if it is intended for single occupancy.*

*\*\* Housing unit count not applicable for congregate housing such as shelters and transitional housing provided in group setting with shared common areas.*

**D. Project Description Changes, if any:** Describe any changes to the current project which are proposed for the upcoming program year. Description should address any changes in the project, population served, numbers to be served, staffing, and other *major* changes impacting project operations and/or outcomes. Include any proposed improvements to increase efficiencies and effectiveness in the upcoming year.

*(Expand space below to answer. Use as much space as needed but try to confine answer to no more than two pages.)*

**E. Project Accomplishments/Successes:** Describe major accomplishments/successes of the currently funded project.

*(Expand space below as needed to answer.)*

**F. Collaborations and Partnerships:** Briefly describe any collaborations, partnerships, or other working relationships within your service arena which enhance effective service delivery and /or problem resolution for your clients.

**G. Challenges:** Describe any major challenges facing this project. Explain both those challenges that can be addressed by the agency and those that are caused by external factors that the agency cannot affect.

*(Expand space below as needed to answer.)*

**H. Status and Timetable for completion of Current City-Funded Project:** Please provide dates for the following.

1. All funds will be expended by: \_\_\_\_\_

2. All outcomes will be achieved by: \_\_\_\_\_

3. All compliances/eligibility conditions will be met by: \_\_\_\_\_

4. If above dates are delayed or uncertain, please explain any and all delays.

*(Expand space below as needed to answer.)*

5. If above dates are delayed or uncertain, please provide corrective action plan to avoid further delays.

*(Expand space below as needed to answer.)*

6. Please briefly summarize performance outcomes, as anticipated currently, to be met by the completion of the project, and explain any changes not already discussed above.

*(Expand space below as needed to answer.)*

**► Section IV: Budget for CONTINUING PROJECTS ◀**

**A. Summary Budget:** Complete budget chart below. Include all items associated with implementing proposed activities, regardless of funding source. This section summarizes the information provided in more detail in D., Budget Breakdown, and should be consistent with that information. Include only the costs associated with the proposed activity, not all of the agency or organization expenses or resources.

Budget Line Item	Total Project Cost \$	City \$s Requested
1. Staff Salaries		
2. Staff Fringe Benefits		
3. Staff Travel		
4. Office/Program Communications		
5. Office Rental/Lease		
6. Office Utilities		
7. Equipment Purchase		
8. Printing and Reproduction		
9. Office Materials/Supplies		
10. Insurance and Bonding <sup>1</sup>		
11. Contractual Services		
12. Audit <sup>2</sup>		
13. Office Maintenance and Repairs		
14. Other Direct Office/Program Cost		
15. Direct Client Cost <sup>3</sup>		
<b>GRAND TOTALS</b> \$		

<sup>1</sup>Note that General Liability Insurance (\$1 million), Automobile Liability Insurance, if appropriate, and Fidelity Bond (100% of contract amount) are usually required for all contractors. Costs for coverage should be included in this Budget Summary. All policies must have endorsement specifically naming the City of Atlanta as additional insured.

<sup>2</sup>All projects funded under the Consolidated Plan programs must have an annual independent audit. Agencies with total annual federal or federally-derived funding of \$500,000 or more must have an annual A-133 audit. The cost of conducting this audit is an eligible CDBG/ESG expense.

<sup>3</sup>Direct Client Costs include those expenses that can be tied directly with a benefiting client or household, and those tangible items that are supplied directly to clients. These costs can include: rental/lease of a housing unit; payment of utility bills for a housing unit; MARTA Breeze cards; furniture or equipment for a housing unit; financial aid to prevent homelessness or to enable a family to move into a permanent housing unit; clothing or hygiene supplies for clients; etc.

**B. Matching Funds, In-Kind Resources, and/or Donations from Other Sources:** Complete the chart below to show cash match, donated or in-kind physical match (such as free space, equipment, etc.) or in-kind professional match. Also include other federal, State, County and City funding, as well as Low Income Housing Tax Credits (LIHTC) if applicable.

NOTE: If project includes both capital and operational funding and agency is submitting request for funding for both components, the same match cannot be used for both components.

Proposed Source	C/IK <sup>1</sup>	\$ Value	Status Code <sup>2</sup>	Date that \$/Resource will be Available to Project
Total \$ Value:		\$		

<sup>1</sup>Indicate whether Resource is being provided as Cash (C) or an In Kind (IK) contribution.

<sup>2</sup>Status Codes:

C = Committed: **Attach documentation** or provide timetable for submission of documentation. Professional in-kind match is considered as Committed only with written documentation. For continuing-funding resources not yet committed for next year, provide most recent award letters. Additional documentation may be submitted as available through August. If committed but undocumented, explain in C. below.

A = Applied For: Provide status and estimated notification date C. below.

TBR = To Be Raised: Describe funding plan and timetable in C. below.

### C.1. Explanation of Status for Other Resources

(Expand space below as needed to answer.)

**C.2. Volunteer Hours Calculation:** Volunteer hours are calculated at \$10/hour, and annual hours must be based on previous year's documented hours or on documented commitments for the upcoming year. Professional services may be calculated at the rate normally charged by the professional volunteer to for-profit entities, but this calculation must be accompanied by a signed statement from the volunteer stating his or her normal hourly rate and the # of hours to be volunteered to this project in the upcoming year.

a) General Volunteers	x	# Hours/Year	x	\$10/Hour	=	Total \$ Value
	x		x		=	
b) Professional Volunteers (specify):	x	# Hours/Year	x	\$ Rate/Hour (specify)	=	Total \$ Value
	x		x		=	
	x		x		=	



1. **Staff Salaries Breakdown:** Please show all staff positions, regardless of funding source, which relate to proposed activity. If multiple staff members have the same position-title, list separately, e.g. Counselor 1, Counselor 2.

2. Staff Fringe Benefits	%	x	Project Salary \$ Above	=	Total Project Cost
F.I.C.A.	7.65%	x		=	
Workman's Comp		x		=	
Health/Welfare		x		=	
Retirement/Pension		x		=	
Other (Specify):		x		=	
		x		=	
<b>Fringe Total:</b>					<b>\$</b>

# Miles/Week	x	¢/Mile	x	# Weeks	x	# Staff	=	Total Project Cost
	x		x		x		=	\$

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4. Communications	Cost/Month	x	# Months	=	Total Project Cost
a. Phone, Base Rate		x		=	
Long Distance		x		=	
Installation (1 time only)		x	NA	=	
b. Postage		x		=	
c. Internet Service		x		=	
d. Other		x		=	
<b>Communications Total:</b>					<b>\$</b>

5. Office Rental/Lease, a. Address:	Sq. Ft.	x	Mo. \$/Sq. Ft.	=	\$/Month	x	# Mo.	=	Total Project Cost
		x		=		x		=	
		x		=		x		=	
<b>5.b. Equipment Lease (list items):</b>									<b>Total Project Cost</b>
			\$ per Month	x			# Months	=	
				x				=	
				x				=	
<b>Office Rental/Lease Total:</b>									<b>\$</b>

6. Utilities, Service (specify):	\$ per Month	x	# Months	=	Total Project Cost
		x		=	
		x		=	
		x		=	
		x		=	
<b>Office Utilities Total:</b>					<b>\$</b>

7. Equipment Purchase, Item Name	# Units	x	Cost per Unit	=	Total Project Cost
		x		=	
		x		=	
		x		=	
		x		=	
<b>Equipment Total:</b>					<b>\$</b>

8. Printing and Reproduction, Description	Total Project Cost
<b>Printing and Reproduction Total:</b>	
	<b>\$</b>

<b>9. Office Materials/Supplies, a. Office Supplies<sup>1</sup></b>	<b>\$/Month</b>	<b>x</b>	<b># Staff</b>	<b>x</b>	<b># Mo's</b>	<b>=</b>	<b>Total Project Cost</b>
		x		x		=	
		x		x		=	

<sup>1</sup> Maximum of \$250/person/year is acceptable for grant portion.

<b>9.b. Operating Supplies</b>	<b>\$/Month</b>	<b>x</b>	<b># Months</b>	<b>=</b>	<b>Total Project Cost</b>
		x		=	
		x		=	
		x		=	
<b>Office Materials/Supplies Total:</b>					<b>\$</b>

<b>10. Insurance and Bonding</b>	<b>Total Project Cost</b>
a. Liability Bond	=
b. Fidelity Bond	=
c. Other (Specify):	=
<b>Insurance and Bonding Total:</b>	<b>\$</b>

<b>11. Contractual Services, Description</b>	<b>Total Project Cost</b>
	=
	=
	=
<b>Contractual Services Total:</b>	<b>\$</b>

**12. Audit:** Non-profits receiving \$500,000 or more annually in federal or federally-derived funding are required to have an audit in compliance with OMB Circular A-133. **Audit Total:** **\$**

<b>13. Office/Program Maintenance and Repairs:</b> Describe, provide basis for cost estimate.	<b>Total Project Cost</b>
	=
<b>Office/Program Maintenance and Repairs Total:</b>	<b>\$</b>

<b>14. Other Direct Office/Program Costs, Description</b>	<b>Total Project Cost</b>
	=
	=
<b>Other Direct Office/Program Total:</b>	<b>\$</b>

<b>15. Direct Client Costs, Description including # of clients to receive items</b>	<b>Total Project Cost</b>
	=
	=
	=
	=
	=
<b>Direct Client Total:</b>	<b>\$</b>